

Update on Clinical Tobacco Use Cessation

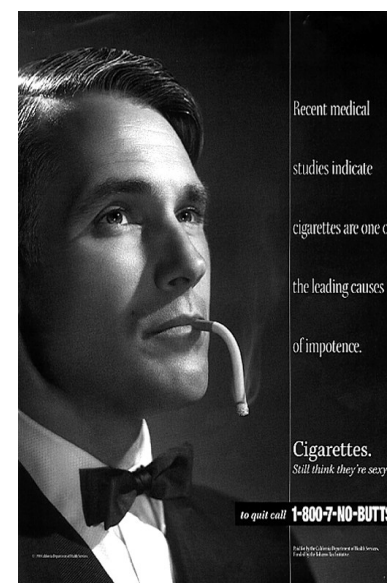
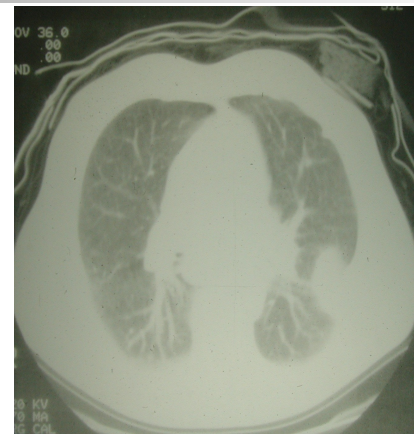


Department of Defense Tobacco Use Cessation Consultant



Guiding Principles

- **“We have to make cessation support as accessible as buying cigarettes for those patients who want to quit.”**
- **Recent surveys showed 62% of tobacco users want to quit in the next 6 months**
- **Cessation support must have a range of intensity**
- **One “size” of tobacco cessation will not cover all patients who wish to quit**



TUC Background




“Tobacco-Free Continuum”

**Clinical Brief Advice/
Self-resourced**

**Clinical Treatment
& Intervention**

**Classroom
Program**



Minimal Intervention: Advice only, Literature, Phone contact, Internet, Quit Line
Increasing Intensity: Brief Advice+Meds, Meds+Clinical Counseling, Meds+Clinical Follow-up
Intense Intervention: Classroom, Behavior modification, Mental Health screening

- **Tobacco Cessation must be a continuum**
- **“One size” or method of cessation does not fit all those wishing to become tobacco free**

Objectives:

- Discuss issues of tobacco use
- Introduce and discuss new resources and materials available for staff and patients
- Review pharmacotherapy associated with tobacco cessation
- Discuss application of the tobacco cessation in the clinical setting





Why Clinical Implementation?

- **Consider two examples:**
 - **First, an institution able to get 5 percent of tobacco users to attend a cessation program with a 20 percent long-term success rate would achieve abstinence in 1 percent of the population.**
 - **Alternatively, if treatment within primary care has a 7.5 percent long-term success rate and 40 percent of tobacco users are treated, the number of tobacco users who become abstinent is three times that of the first example.**

Chilling Thoughts

- **484,000 Americans have died from AIDS since 1981 to 2001**
- **10,000,000 Americans have died from tobacco-related disease in the same time period**
- **Every three days more Americans die from tobacco than those killed on Sep 11 2001**
- **Odds of dying early from tobacco use: 1 in 3;
Odds of dying in a car wreck: 1 in 6,200**





Another *Chilling* Thought

- **Here is a really significant issue for our young people:**
 - **Based on national average of tobacco costs, a one pack/can per day habit is equal to ONE month's minimum-wage pay for a year**
 - **Tobacco has a major impact on the quality of life for our young people and their families**
 - **They are the ones who can least afford it!**

Tobacco Cessation Facts and Guidance

- **General tobacco facts**

- Cigarettes
- Smokeless
- Cigars

- **Health Concerns**

- **Gender differences**

- Weight gain concern
- Depression
- Withdrawal symptoms



Tobacco Facts

Do you
know what
you're smoking?

SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.

No additives in our tobacco
does **NOT** mean a safer cigarette.

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Natural American Spirit® is a registered trademark of Sante Fe Natural Tobacco Company.

- More than 4,800 chemical compounds in tobacco
- 60 compounds are known carcinogens, tumor initiators, and tumor promoters
- The 60 chemicals include: hydrocarbons (tar), cyanide, phenols, benzene, nitrosamine(s)

WARNING: THIS PRODUCT IS NOT A SAFE ALTERNATIVE TO CIGARETTES.

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Tobacco Facts

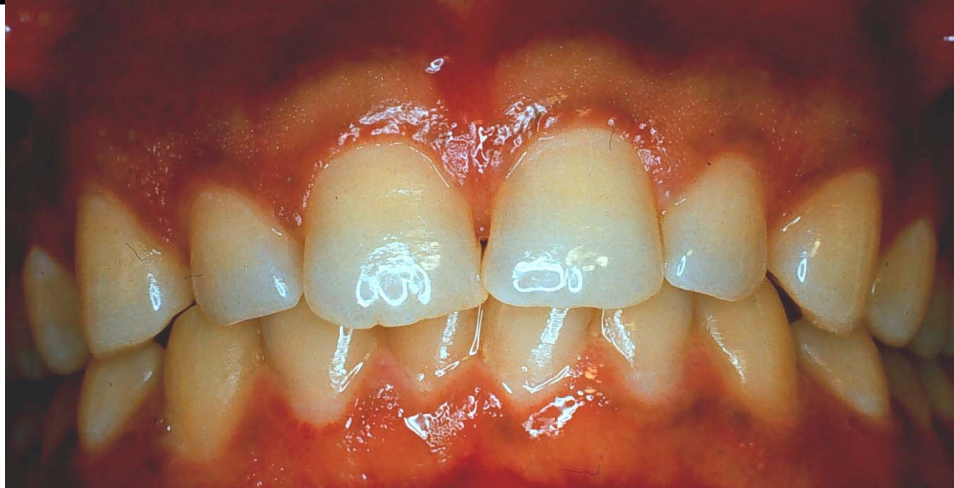
- Tobacco plant concentrates two naturally occurring radioisotopes: radium and polonium
- Nicotine is as addictive as opiates
- Nicotine has not been shown to be a carcinogen or co-carcinogen in humans





Tobacco damages every single mouth that it touches.

“How do you want your teeth to look?”



Tobacco Facts

- **Smokeless tobacco is made from the scraps and refuse from the floor of the tobacco factory**
 - Includes dead animals and insects
 - Animal waste
 - Trash
 - Very little tobacco
 - Nicotine added due to high level of non-tobacco product



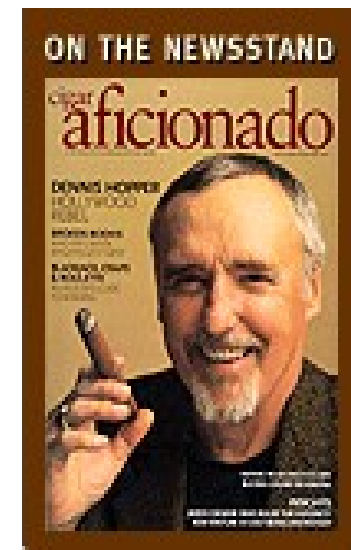
Tobacco Facts

- **Smokeless tobacco produces additional carcinogens when combined with saliva**
- **91% of oral cancer patients had used smokeless tobacco**



Cigars

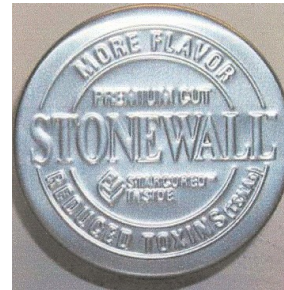
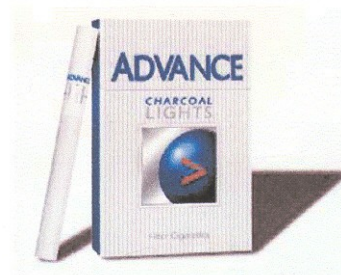
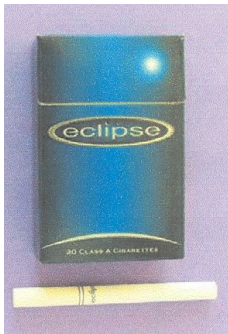
- Smoking a cigar the size of your index finger is the same as smoking 7 cigarettes
- 5 % of users are female
- Very expensive habit
- 27 % of kids 14 to 19 had tried a cigar in 1996
- Smoking has increased from 18.5 % in 1991 to 22.2 % in 1996 for 12 graders



Health Concerns

- New “Less Harmful” Tobacco Products

- There are NO SAFE(R) FORMS OF TOBACCO!
- No proven health benefit!



Health Concerns

- **4 million children are sick each year due to second hand smoke**
- **307,000 cases of asthma**
- **354,000 cases of middle ear infections**
- **Greater risk of tooth decay**



Health Concerns

- **Tobacco has a role in:**
 - **prevalence of periodontal disease**
 - **severity of periodontal disease**
 - **increased tooth loss**
- **One of the leading risk factors in periodontal disease**

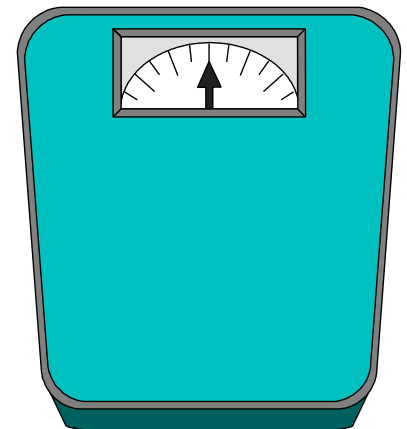


*****Weight Gain*****

- **Smoking depresses body weight**
- **Nicotine acts as an appetite suppressant**
- **On average smokers weigh less than non-smoking counterparts**
- **Many women fear quitting because of weight gain**
- **Teens start smoking to avoid weight gain**



? || ?



Pregnancy

- **Smoking during pregnancy is the most preventable cause of poor pregnancy outcomes**
- **Maternal smoking is linked to a greater risk of pre- and perinatal mortality**



Co-factors

- Depression, anxiety, and binge-eating disorder are major co-factors
- Tobacco users with co-factors often use nicotine to control behavioral disorders
- May be necessary to treat (by referral) the cofactor as well as the addiction to nicotine



Brief Messaging Dynamics

- **Only a 2 to 3 minute message**
 - **Use every opportunity**
 - **Short but sweet**
 - **Personalize**
 - **Make it pertinent to visit if possible**



Brief Messaging

- **5% will change behavior**
- **You don't know which 5%**
- **Look for the teachable moment**
- **Apply to personal issues and needs**
- **Also seek application to family**
- **“Brief Messaging” is a must!!!!**
- **Every staff member can do this**





Do You Want To Be A Millionaire? Stop Using Tobacco !



**Did you know that a one pack or one can
a day tobacco habit for a year equals
one-half the cost of tuition at most state
colleges??!! Quit today and start saving
for both you and your family's future!**

More immediate rewards:

**3 months no tobacco use = \$360.00 =
Color TV**

**4 months no tobacco use = \$480.00 =
Stereo**

5 months no tobacco = PS2 and Color TV

**Your final answer should be: QUIT
5 years no tobacco = A New Car!!!!**

If you have questions about quitting, ask your Dentist.

New Marketing Challenges



Nature is not negotiable.

Natural American Spirit is the only brand that features both cigarettes made with 100% certified organic tobacco as well as cigarettes made with 100% additive-free natural tobacco.

In our effort to create exceptional products in a thoughtful and sustainable way, we've pioneered our own earth-friendly and organic tobacco growing programs and committed to renewable energy sources, including wind power and reforestation.

We are so confident that you will appreciate the premium, additive-free tobacco used in Natural American Spirit products that we want you to try it for yourself.



the additive-free alternative

Call for your sample carton offer*

or visit www.nascigs.com

*WI and other locales, alternate offer is available. Offer restricted 12 month period. S&B and other restrictions may apply.

It could be one of
the 464 chemicals
found in other
cigarettes.

The fact is the tobacco in most cigarettes contains additives drawn from a list of 464 chemicals commonly used in tobacco products. In addition, other tobacco companies use processed stems, reconstituted sheet tobacco and add other inexpensive, lower grade components.

No additives in our tobacco
does NOT mean a safer cigarette.

NO ADDITIVES IN OUR TOBACCO. © 2004 NATURAL AMERICAN SPIRIT

Catch the next big juicy flavor.

NEW!

Bold juicy flavor that lasts

U.S. SMOKELESS TOBACCO CO.
NOT FOR SALE TO MINORS
REMEMBER YOU

WARNING:
THIS PRODUCT MAY CAUSE GUM DISEASE AND TOOTH LOSS

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Age-old CPO wisdom

Live up to the standard, and you will find that those under you will be more inclined to do likewise.

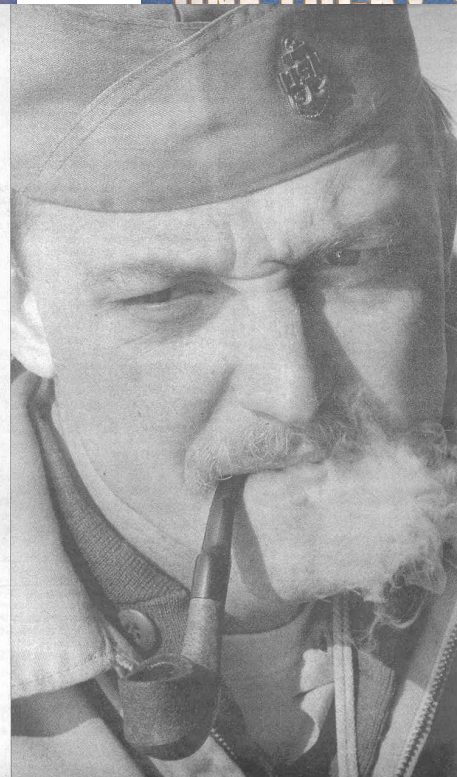
Honor, duty and embracing new Navy standards

BOOK EXCERPT
From "A Short Talk with Chief Petty Officers," published in the 1917 Bluejacket's Manual.

The change from petty officer first class to chief petty officer probably carries with it a greater change in status than in any other promotion in your whole career.

Your uniform changes; your quarters and method of living changes; the treatment accorded you by your senior officers changes.

Along with all these changes comes a very great change in your responsibilities as well as the absolute necessity for a different



WARNING:
THIS PRODUCT IS NOT A SAFE ALTERNATIVE TO CIGARETTES

U.S. SMOKELESS TOBACCO CO.
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New “Anti” Marketing Tools



Warning: Tobacco Use Can Affect Your Sex Life



What Becoming Tobacco Free Does for Women

- Reduces your risk of developing cervical cancer.
- Reduces your risk of osteoporosis, which causes bones to break more easily.
- Reduces risk of heart attack and stroke among those who use birth-control pills.
- Increases your level of self-confidence when doing physical activities.
- Reduces wrinkles and yellow spots on your fingers, and gives you a better sense of taste and smell.
- Helps prevent your children from smoking.
- Lowers the risk of birth defects to your unborn child during pregnancy.
- Lowers the risk of having a stillborn baby or an infant with low birth weight.
- Reduces health risks for your unborn child during pregnancy.
- Prevents exposure of infants to harmful chemicals from tobacco.
- Postpones menopause, lessening early effects of aging.

New Patient & Provider Resources

WWW.Smokefree.gov

1-800-QUITNOW (1-800-784-8669)

Patient education portal

Developing cessation intervention protocol



The screenshot shows the Smokefree.gov website interface. At the top is a blue navigation bar with the site name 'smokefree.gov' and four menu items: 'Home', 'Talk to an Expert', 'Online Quit Guide', and 'More Resources'. The main content area has a large heading 'You Can Quit Smoking Now!' on the left, accompanied by a photo of a hiker. To the right of this heading is a list of links under the heading 'Online Guide to Quitting', including 'Thinking About Quitting', 'Preparing to Quit', 'Quitting', and 'Staying Quit'. Further right is a section 'Talk to an Expert Who Can Help' with links for 'Instant Messaging with NCI' and 'Get Telephone Support'. Below that is 'Get More Materials to Help You Quit' with a description of available guides. On the far right, there is a search bar, a 'Did You Know?' section with a link about cervical abnormalities, a 'Featured' section with links to cessation studies and health professionals, and a 'Smoker's Risk Tool' section with a link to compare risk. A blue circular button labeled 'Enrolled in our evaluation? Click here' is positioned between the 'Get More Materials' section and the 'Featured' section. The bottom of the page features a date '7/25/2006' on the left and a navigation bar with links: 'Home | About Smokefree.gov | Dictionary | Site Map | Privacy | Disclaimer'. Logos for the National Cancer Institute, CDC, National Institutes of Health, U.S. Department of Health & Human Services, and FIRSTGov are displayed along the bottom.

smokefree.gov

Home | Talk to an Expert | Online Quit Guide | More Resources

You Can Quit Smoking Now!

Online Guide to Quitting

- 1. Thinking About Quitting**
Reasons for quitting
Why is quitting so hard?
- 2. Preparing to Quit**
Make a step-by-step plan to quit
Medicines that help
- 3. Quitting**
Steps to take on your quit day
Managing cravings
- 4. Staying Quit**
Fighting urges
Keeping your guard up

Talk to an Expert Who Can Help

- Instant Messaging with NCI
- Get Telephone Support

Get More Materials to Help You Quit

Read, download, print, or order guides and tools that have helped smokers quit

Enrolled in our evaluation? Click here

Did You Know?

...quitting smoking might help you avoid cervical abnormalities?

Featured

See a List of Cessation Studies

For Health Professionals

Web sites and government reports useful for health professionals

Smoker's Risk Tool

Compare your risk of death as a former vs. continuing smoker

7/25/2006

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NATIONAL CANCER INSTITUTE
CDC
NATIONAL INSTITUTES OF HEALTH
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
FIRSTGOV
Your First Click to the U.S. Government

New Patient and Provider Resources

Welcome to
**THE NEW YORK STATE
SMOKERS' QUITSITE**

<http://www.nysmokefree.com/>

TobaccoFreeCA.com

<http://www.tobaccofreeca.com/index.html>

UNDO QUITTING E CARDS MESSAGE BOARDS RESOURCES DOWNLOADS CA SUCCESS AT GEAR

undo tobacco

replay?

Welcome to TobaccoFreeCA.com

sponsored by the California Department of Health Services.

TobaccoFreeCA.com is about eliminating tobacco everywhere in our daily lives - from tobacco-related deaths, diseases, and addiction to our exposure to tobacco advertising and promotions.

Our new campaign, "undo," seeks to rally Californians to support a tobacco-free world, and challenges us to question an industry which places profit above human life. For more information, or to view the latest **undo** ads, [click here](#).



**HELPING
YOU
QUIT**

Quitting smoking isn't easy. If you want to quit, have thought about quitting, or already tried and need additional support, here are resources to help you. [More](#)



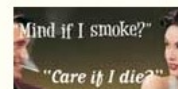
**HELPING
SOMEONE ELSE
QUIT**

If you want to help your loved ones or friends break their smoking habit, here are tools and tips to



**CA
SUCCESS**

California's anti-tobacco program is saving lives and making our state a healthier and better place for all of us. Learn



E CARDS

Encourage a smoker to quit, congratulate a friend or tell everyone you just quit! [More](#)



MESSAGE BOARDS



DOWNLOADS

Wallpapers and buddy icons. [More](#)



**TOBACCO TOLL
METER**

Smoking takes a tragic



Provider & Staff Training

- **Two free Tobacco Cessation CME opportunities**
- **MedScape**
 - **Treating Tobacco Use and Dependence**
 - CME Credits Available
 - Physicians - up to 1.0 AMA PRA category 1 credit(s)
 - <http://www.medscape.com/viewprogram/3607?src=search>
 - **Smoking Cessation Approaches for Primary Care**
 - CME Credits Available
 - Physicians - up to 1.5 AMA PRA category 1 credit(s);
 - Registered Nurses - up to 1.7 Nursing Continuing Education contact hour(s)
 - <http://www.medscape.com/viewprogram/3468?src=search>

TUC

Pharmacotherapy

- Medication review
- Indications
- Lessons learned



What are we fighting?

- **Misperception**
 - Habit vs. Chronic Condition
 - Quick fix/ Magic “pill” (quit ads)
- **Industry marketing**
 - \$16 *Billion* per year (2004)
 - Must replace 1/2 million loyal users each year
- **Lack of prevention funding**
 - NIH FY03 budget \$27 *Million*
 - Less than 1% for prevention research!





TUC: Pharmacotherapy

- **Three first-line types of pharmacotherapy (FDA approved) are nicotine replacement therapy, bupropion (Zyban), and varenicline (Chantix).**
- **Whether medications are prescribed via formal TUC programs or via clinical care visits, providers should be aware of the medications and the need to follow those patients who are using the medications.**
- **Patients receiving TUC medications along with behavioral support have the best chance of quitting.**
- **Natural/herbal/hypnosis/acupuncture/laser not proven in evidenced-based studies**
- **Be aware of “Atropine” clinics**

Varenicline (Chantix)



U.S. Food and Drug Administration



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FDA News

FOR IMMEDIATE RELEASE

P06-67
May 11, 2006

Media Inquiries:

Laura Alvey, 301-827-6242

Consumer Inquiries:

888-INFO-FDA

FDA Approves Novel Medication for Smoking Cessation

The U.S. Food and Drug Administration (FDA) announced today the approval of Chantix (varenicline tartrate) tablets, to help cigarette smokers stop smoking. The active ingredient in Chantix, varenicline tartrate, is a new molecular entity that received a priority FDA review because of its significant potential benefit to public health.

Chantix acts at sites in the brain affected by nicotine and may help those who wish to give up smoking in two ways: by providing some nicotine effects to ease the withdrawal symptoms and by blocking the effects of nicotine from cigarettes if they resume smoking.

"Tobacco use, particularly cigarette smoking, is the single most preventable cause of death in the United States and is responsible for a growing list of cancers as well as chronic diseases including those of the lung and heart," said Scott Gottlieb, MD, Deputy Commissioner for Medical and Scientific Affairs. "The agency is committed to helping facilitate the development of products to help people quit smoking and improve their overall quality of life."



TUC:

Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Bupropion SR	History of Seizure History of Eating Disorder Anti-depressants	Insomnia Dry mouth	150 mg every morning for 3 days, then 150 mg Twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Bupropion 150mg SR, Zyban, Wellbutrin 150mg SR (prescription only)	\$3.33
Nicotine Gum	Pregnancy Recent MI	Mouth Soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24pcs/day)	Up to 12 weeks; prn	Nicorette, Nicorette Mint, Orange (OTC only)	\$6.25 for 10, 2-mg pieces \$6.87 for 10, 4-mg pieces

Taken from Public Health Service Clinical Practice Guideline, 2000

Taken from Public Health Service Clinical Practice Guideline, 2000

Taken from Public Health Service Clinical Practice Guideline, 2000



TUC:

Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Varenicline (Chantix)	<p>CHANTIX has not been studied in pregnant or nursing women and is therefore not recommended</p> <p>History of kidney disease</p> <p>Not studied for those under 18</p>	<p>Side effects included:</p> <ul style="list-style-type: none"> · nausea, · changes in dreaming, · constipation <p>The use of NRT with this medication may cause:</p> <ul style="list-style-type: none"> · Nausea · Headache · Vomiting · Dizziness 	<p>The recommended dosing of CHANTIX for most patients is:</p> <ul style="list-style-type: none"> · 0.5 mg (white pill) once a day for the first three days · then twice a day through the end of the first week of treatment, · followed by 1 mg (blue pill) twice a day from days eight through the end of treatment 	12 weeks	Prescription	Not available

http://www.chantix.com/content/prescribing_information.jsp



Bupropion SR

- **150 mg sustained release formulation**
- **Weak inhibitor of the neuronal re-uptake of norepinephrine, serotonin, and dopamine**
- **One pill daily for the first 3 days**
- **On day 4 take one pill in the morning and a second pill 8 hours later (late afternoon)**
- **Set quit date during the 2nd week of Bupropion use**
- **Continue Bupropion for 7 to 10 weeks after quitting tobacco**
- **Can and should often be combined with Nicotine Replacement Therapy**



Varenicline (Chantix)

- **Partial agonist selective for $\alpha 4\beta 2$ nicotinic acetylcholine receptor subtypes**
- **Steady-state conditions were reached within 4 days**
- **Two pill types:**
 - **0.5 mg (white)**
 - **1.0 mg (blue)**
- **Should not use with NRT due to side effects**

Some Proprietary Patient Resource Websites



- **Nicotrol NS**
http://www.nicotrol.com/9_program.asp
- **Commit Lozenge**
http://www.quit.com/index_flash.aspx
- **Bupropion/Wellbutrin/Zyban**
<http://zyban.ibreathe.com/?a=84>
- **Free quit program from NRT company
(Nicorette/Nicoderm)** www.committedquitters.com/
- **Habitrol**
<http://www.habitrol.com/>
- **Chantix**
<http://www.chantix.com/>



Scripting Guidelines

- **Based on patient needs**
- **NRT (handout)**
 - **Big three:**
 - Gum
 - Patch
 - Lozenge
 - **Contraindications**
- **Bupropion 150mg SR (handout)**
 - **Indications**
 - **Contraindications**



Practical Clinical Advice

- **Dosing (see handout)**
 - Vary per tobacco intake
 - Individual preference
- **Clinical follow-ups**
 - Pharmacotherapy efficacious
- **Patient interaction**
 - Minimal intensity vs. Maximum intensity
- **Resources**



The Clinical Setting

- **Why**
 - **Sick patients**
 - **Those who want to quit (62%)**
- **How**
- **FHP**



Why Clinical Practice Implementation?

- **The teachable moment**
- **Link to illness**
- **Patients are used to prescriptive care**
- **Patient convenience**




Team Approach

- **Providers do not have time for more work**
- **Brief message of 30 seconds to patient with advice to quit and benefit**
- **Develop team approach to providing clinical cessation**
- **If no clinical time available, then refer to cessation program- poor response to referral**



CDC TUC Guidance

Key Change


- **Tobacco dependence is best viewed as a chronic disease with remission and relapse.**
- **Both minimal and intensive interventions increase smoking cessation are effective.**
- **Most people who quit smoking with the aid of such interventions will eventually relapse and may require repeated attempts before achieving long-term abstinence.**



Clinical Cessation Guidelines

- **Every patient should receive at least minimal treatment at every clinical visit.**
- **Patients willing to quit should be treated using the "5 A's"**
- **Patients who are unwilling to quit should be treated with the "5 R's"**
- **Patients who have recently quit should be provided relapse prevention treatment.**



Two Key Questions

In order to determine stage of readiness and past history the answers to these two questions are key to addressing the patient's needs:

- **Do you want to quit?**
- **Have you tried to quit before?**



Five A's

- **Ask every patient at every clinical encounter**
- **Advise: simple advice to quit is 5% effective!**
- **Assess:**
 - Look at readiness to change
 - Recent surveys showed 62% want to quit if offered help
 - Level of medication support needed
- **Assist:**
 - Determine level/ intensity of cessation support needed
- **Arrange:**
 - Provide patient with level of support needed



Five R's

- **Relevance:**
 - Make the advice to quit relevant to patient's circumstances
- **Risk:**
 - Equate current health state to tobacco use;
 - Oral disease- decay, stain, gum disease, etc.
 - Acute/Chronic medical problems
- **Rewards**
 - Key for young military- \$\$\$\$
- **Roadblocks**
 - What will cause patient to not succeed
- **Repetition**
 - Provide empowerment and continuity of message

EXTREMELY IMPORTANT!!!

****Address Relapse Issues****

- **Preventing Relapse**
 - **Most relapses occur soon after a person quits using tobacco**
 - **People relapse months or even years after the quit date**
 - **All clinicians should work to prevent relapse**
- **Components of Clinical Practice Relapse Prevention**
 - **For every encounter with a recent quitter**
 - **Use open-ended questions**
 - **Emphasize any success (duration of abstinence, reduction in withdrawal, etc.).**
 - **Discuss any problems encountered or anticipated (e.g., depression, weight gain, alcohol, other tobacco users in the household)**



Relapse Prevention

- **Recognize specific relapse problems by identifying a problem that threatens his or her abstinence.**
 - ***Lack of support for cessation***
 - Schedule follow-up visits or telephone calls
 - Help the patient identify sources of support
 - Refer the patient for intense counseling or support.
 - ***Negative mood or depression***
 - Refer patient to a specialist.
 - ***Strong or prolonged withdrawal symptoms***
 - Consider extending the use of an approved pharmacotherapy or adding/combining pharmacologic medication to reduce strong withdrawal symptoms.



Relapse Prevention

- ***Weight gain***
 - Increase physical activity; discourage strict dieting.
 - Reassure the patient that some weight gain after quitting is common and appears to be self-limiting.
 - Emphasize the importance of a healthy diet.
 - Maintain the patient on pharmacotherapy
 - Refer the patient to a specialist or program.
- ***Flagging motivation/feeling deprived***
 - Reassure the patient these feelings are common.
 - Recommend rewarding activities.
 - Evaluate for periodic tobacco use.
 - Emphasize that beginning to smoke (even a puff) will increase urges and make quitting more difficult



Questions ????